

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
1057663844

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | | |
|--------------|----------|------|---------------------------------|------|---------------------------------|------|---|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | |
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| 2 | | 1 | | | | | |
| 3 | X | X | | | | | |
| 4 | X | X | | | | | |
| 5 | | 1 | | | | | |
| 6 | X | X | | | | | |
| 7 | X | X | | | | | |
| 8 | X | X | | | | | |
| 9 | X | X | | | | | |
| 10 | | 1 | | | | | |
| 11 | X | X | | | | | |
| 12 | X | X | | | | | |
| 13 | X | X | | | | | |
| 14 | | 1 | | | | | |
| 15 | | 1 | | | | | |
| 16 | | 1 | | | | | |
| 17 | X | X | | | | | |
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| 33 | | 1 | | | | | |
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| 35 | X | X | | | | | |
| 36 | X | X | | | | | |
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| 39 | X | X | | | | | |
| 40 | X | X | | | | | |
| 41 | | 1 | | | | | |
| 42 | X | X | | | | | |
| 43 | X | X | | | | | |
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| 46 | X | X | | | | | |
| 47 | | 1 | | | | | |
| 48 | | 1 | | | | | |
| 49 | C | C | | | | | |
| 50 | | 1 | | | | | |
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| TOTAL DEP. | | ← | ← | ← | ← | | |
| TOTAL CLAIMS | | | | | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. | |
| 51 | C | C | | | | | |
| 52 | | 1 | | | | | |
| 53 | | 1 | | | | | |
| 54 | | 1 | | | | | |
| 55 | | 1 | | | | | |
| 56 | C | C | | | | | |
| 57 | | 1 | | | | | |
| 58 | X | X | | | | | |
| 59 | | | | | | | |
| 60 | | | | | | | |
| 61 | X | X | | | | | |
| 62 | X | X | | | | | |
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| TOTAL DEP. | | ← | ← | ← | ← | | |
| TOTAL CLAIMS | | | | | | | |